## **REMARKS**

This application should now be in condition for allowance and such action is respectfully requested.

A check in the amount of \$1,962.00 is attached to cover additional claim fees (8 additional independent claims and 34 claims in excess of 20). The Commissioner is hereby authorized to charge any additional fees that may be required, or credit any overpayment, to Deposit Account No. 50-0750.

Respectfully submitted,

Kristofer E. Elbing

Registration No. 34,590 187 Pelham Island Road

Wayland, MA 01778

Telephone: (508) 358-2590 Facsimile: (508) 358-0714